



**CMS Connectivity for MA/PDP/MA-PD and 3<sup>rd</sup> Party Organizations**  
Enrollment – BEQ – 4RX – ECRS  
PDE – RAPS

Type of Request:

☐ New ☐ Change      Proposed Effective Date:      Current Date:

**I. Technical Contact Information**

Organization Name:

Name:

Position:

Phone:

Email:

**II. Plan Connectivity**

Enrollment Submission Method *(choose one)*:

☐ T1 Connect:Direct ☐ Gentran ☐ 3<sup>rd</sup> Party Name\* (\* complete Section III)

*If using an existing MMA T1 configuration, please provide CMS SPOE ID (Secure Point of Entry)* \_\_\_\_\_

PDE Submission Method *(choose one)*:

☐ T1 C:D/FTP to Palmetto ☐ Gentran ☐ 3<sup>rd</sup> Party ☐ None

RAPS Submission Method *(choose one)*:

☐ T1 C:D/FTP to Palmetto ☐ Gentran ☐ 3<sup>rd</sup> Party ☐ None

**III. Enrollment Third Party Connectivity**

Connectivity Method: *(choose one)*:

☐ T1 Connect:Direct ☐ Gentran

**Third Party Technical Contact Information**

Name:

Position:

Phone:

Email:

**IV. Contract Information** *(please list all affected contract numbers or attach a spreadsheet)*

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## V. Existing Data Routing Configuration

Enrollment: ☐ T1 Connect:Direct ☐ Gentran ☐ 3<sup>rd</sup> Party (name) (completed by Plans requesting routing changes only)

PDE: ☐ T1 C:D/FTP to Palmetto ☐ Gentran ☐ 3<sup>rd</sup> Party

RAPS: ☐ T1 C:D/FTP to Palmetto ☐ Gentran ☐ 3<sup>rd</sup> Party

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## Organization Representative

(Print Name):

 Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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## Plan EPOC Approver

(Print Name):

 Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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## Who should complete this form?

MMA organizations submitting enrollment, BEQ, 4RX, ECRS, PDE and/or RAPS data to CMS. This form is intended to be used by plans initially setting up data exchange processes with CMS as well as those that wish to change their current configuration. In all cases, Plans using third party entities to transfer data to/from CMS are responsible for providing the third party information.

## What is this form used for?

Accurate routing of transactions to and from CMS requires the completion of this form that specifies the methodology used by your organization to exchange Enrollment, PDE and Risk/Encounter Data. Identification of third party relationships with MMA plans is necessary for proper routing. Please complete the sections appropriate to your organization so setup or changes to routing can occur.

## What to do with this form?

After the information has been verified and/or corrected, obtain the appropriate signature, and fax the completed letter to the MMA Help Desk, at 410-832-8333. A second, signed, hardcopy version (i.e., wet signature) must be filed with the Help Desk and sent via an overnight service. Use the following address:

MMA Help Desk  
Attn: Terry Brogan  
1 West Pennsylvania Ave. Suite 700  
Towson, MD 21204

## Where to go for further assistance?

For advice on connectivity options, please refer to the Data Exchange Preparation Procedures document available at [www.cms.hhs.gov/mmahelp](http://www.cms.hhs.gov/mmahelp) web site. If you have any questions or concerns about this form, please contact the MMA Help Desk at [mmahelp@cms.hhs.gov](mailto:mmahelp@cms.hhs.gov) or 1-800-927-8069.